

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16304

FILED MAY 15 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

State File No.

4449

| | | | |
|---|---------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4366 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hospital | | d. STREET ADDRESS (If rural, give location) 8347-Archer Avenue | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Prentice b. (Middle) Creamer c. (Last) Trimble | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 23, 1897 |
| 9. AGE (In years last birthday) 55 | | 10. IF UNDER 1 YEAR: Months Days IF UNDER 1 MTH: Hours Mts. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottle Gas Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Bottle Gas | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John W. Trimble | | 13b. MOTHER'S MAIDEN NAME Leah Rief | |
| 14. NAME OF HUSBAND OR WIFE Elizabeth Trimble | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1 | |
| 16. SOCIAL SECURITY NO. 498-10-6485 | | 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Trimble | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute hepatitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>malignant Hypertension</u> DUE TO (c) <u>Acute Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 months</u> <u>3 weeks</u> | |
| 19a. DATE OF OPERATION 1953 | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 445x | |
| 22. I hereby certify that I attended the deceased from <u>4-28</u> , 1953, to <u>4-28</u> , 1953, that I last saw the deceased alive on <u>4-28</u> , 1953, and that death occurred at <u>4:50</u> p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Howard Mallet, M.D.</u> | | 23b. ADDRESS <u>819 University Club Bldg.</u> | |
| 23c. DATE SIGNED <u>4/30/53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 5-2-1953 | | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Wellston, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumhardt Bros. Inc.</u> | |
| 25. ADDRESS 2504-Woodson Rd-Overland-14-Mo. | | DATE REC'D BY LOCAL REG. APR 30 1953 | |
| REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | | 26. (Licensed Embalmer's Statement on Reverse Side) | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address

Overland 14 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.